



Cities of Amesbury and Newburyport, MA Small Business Relief Grant Program

The Cities of Amesbury and Newburyport are partnering to provide grants to small business owners to help them continue operations as they recover from the COVID-19 pandemic. This program, which is funded by the Department of Housing and Community Development (DHCD) Community Development Block Grant Program (CDBG), will provide grants to small businesses to pay for rent/mortgage, employee wages, and technical assistance to help them get back on their feet and adjust to a new economic normal. The Amesbury Office of Community & Economic Development will act as the grant manager for both cities. Applicants may apply for up to \$25,000.

Applicant Eligibility:

Before moving forward, review this checklist to ensure you are eligible for this program:

- ☐ Business must have a physical establishment in the cities of Amesbury or Newburyport.
- ☐ Business must be a for-profit corporation.
- ☐ Business must have between 1 – 5 employees including the owner(s) to be eligible for grants of up to \$25,000. These numbers include all full-time and part-time staff at the time of the application.
- ☐ The owner(s) of the business must earn an annual income equal to or less than 80% Area Median Income (AMI). [See income limits by household size](#) for Amesbury and Newburyport.
- ☐ Business must be in operation, even if working remotely due to COVID-19, or have temporarily suspended operations pursuant to the Governor's Emergency Order effective March 24, 2020.
- ☐ Business must be currently in operation and have been established prior to October 1, 2019.
- ☐ Business must be in good standing within Amesbury or Newburyport, including being current on all taxes due through March 1, 2020, and not be a party to litigation involving the state or municipality.
- ☐ Business must either have a business license on file with the Amesbury or Newburyport City Clerks, have a license to operate within the Commonwealth, or have a license to operate from a professional governing body.
- ☐ Business must not be listed as one of the following excluded business types:
 - Real estate rentals/sales businesses
 - Businesses owned by persons under age 18
 - Businesses that are chains
 - Liquor stores
 - Weapons/firearms dealer
 - Lobbyists
 - Cannabis-related businesses

Please Note: If your business does not meet these minimum eligibility requirements, you do not qualify for the Small Business Relief Grant Program.



- Applicant must provide details on how COVID-19 has impacted their business and demonstrate that these funds are necessary to continue to operate their business.
- Grant funds must support ongoing operations during the COVID-19 pandemic.
- Business may apply for one or more types of assistance:
 - Commercial mortgage, rent and other bills (utilities)
 - Employee wages
 - Technical assistance (ex., establishing your business online, consulting a CPA, etc.)
 - Inventory or equipment, especially as it pertains to COVID-19 protocols (i.e., partitions or PPE)
- Funds **may not** be used for major equipment purchases, purchase of real property, construction activities, business expansion, or lobbying.

Required Documentation for a Complete Application:

The documents listed below **MUST** accompany your application. They can be emailed as PDFs to business@amesburyma.gov or included as hard copies if you are delivering the application to City Hall. If you are emailing them, please convert photos to PDFs.

- ☐ Completed and signed application (*see next page*)
- ☐ A copy of your license to operate/business license/professional certification
- ☐ [DUNS Number](#)
- ☐ Copy of your lease or mortgage bill, if applying for rent or mortgage relief
- ☐ Payroll sheets showing five or less employees
- ☐ Proof of business impact, for example:
 - a. Revenue over a six-month period for both 2020 and 2019
 - b. Other documents to prove financial impact of COVID-19
- ☐ Full 2019 IRS Tax Return for the Low/Moderate Income verification. 2018 will be accepted if necessary
- ☐ For technical assistance requests, submit 3 quotes from potential service providers
- ☐ Copy of your business' [W-9 Form](#)

Special Considerations:

In the event the program receives more applications than each city can fund, the following applications will be given priority:

1. Minority-, Women-, and/or Veteran-owned businesses;
2. Nonessential businesses (businesses closed by the Governor's Emergency Order effective March 24, 2020);
3. Businesses who have not yet received additional aid from federal sources; and
4. Businesses that have lost one or more employees and 50% or more of sales.

Application Submission Instructions:

Your completed application can be submitted online at www.amesburyma.gov, emailed to business@amesburyma.gov, or hand-delivered to 62 Friend St, Amesbury, MA 01913. If you are submitting through the website, please email the required attachments (sent as PDFs) outlined in the "Required Documentation" section to business@amesburyma.gov. The Amesbury Office of Community & Economic Development will act as the grant manager for both cities. If you have questions, please review the FAQs and webinar about this application, which can be found on the website: <https://www.amesburyma.gov/community-economic-development/webforms/small-business-relief-grant-program>



Cities of Amesbury and Newburyport Small Business Relief Grant Application

I. CONTACT INFORMATION

Owner Name(s):

Owner Home Address:

Owner Email Address(es):

Owner Phone Number(s):

Authorized Signers Name and Position (if not Owner):

Authorized Signers Email Address (if different from above):

Authorized Signers Phone Number (if different from above):

II. BUSINESS INFORMATION

Legal Name of Business:

DBA (Doing Business As), if applicable:

Business Address:

Business Email Address:

Business Phone Number:

Years of Operation:

Federal Tax ID # or Social Security Number:

[DUNS Number:](#)

Business tax year (MM/DD – MM/DD):

Has the business ever been subjected to criminal or civil fines and penalties including city code violations and regulatory violations and penalties? (Check one) ☐ Yes ☐ No

If “Yes” was circled, please explain why and date at which it was resolved:



Does this business qualify as minority-owned? ☐ Yes ☐ No

Does this business qualify as woman-owned? ☐ Yes ☐ No

Does this business qualify as veteran-owned? ☐ Yes ☐ No

Are you a:

- ☐ Building owner
- ☐ Condo owner
- ☐ Tenant
- ☐ No storefront / I work from home

In the space below, please briefly describe your business and the services and/or products you supply:

III. EMPLOYEE INFORMATION

Please provide a list of current employees, including owner, full-time, part-time and contract employees:

Employee Name	Employee Job Title	Type of Employee (full-time, part-time, contract, owner)



IV. NEED FOR ASSISTANCE

The primary purpose of this grant program is to stabilize businesses that have been negatively impacted by the crisis and are in danger of going out of business. Therefore, we need applicants to demonstrate a loss due to COVID-19. The information below will help us assess that need.

What is happening to your business now? Check all that apply.

- ☐ Open full time
- ☐ Open with limited hours
- ☐ Laid off employees
- ☐ Limited sales
- ☐ Selling online
- ☐ No sales
- ☐ Other _____

Please explain the impact of COVID-19 on your business:

Proof of Business Impact: What were your gross sales for the following months in the years 2019 and 2020? This information will help us assess the loss in revenue and need for funding. This information can come from a sales revenue spreadsheet, profit and loss statements for the months provided, etc. Please provide the source documentation used for the numbers in this table.

2020	2019
January:	January:
February:	February:
March:	March:
April:	April:
May:	May:
June:	June:



Please list all sources of financial assistance that you have identified or received, if applicable:

Identified Funding Source	Amount	Use of funds	Status	Funds Remaining if received
	\$			
	\$			
	\$			
	\$			

V. FUNDING REQUEST

Please describe how you will use the funds from this grant to help your business and your business plans to persevere through the challenges presented by COVID-19:

In the table below, please list the specific elements of your funding request. *Please remember:* the maximum request under the existing program is \$10,000. The loss of income must be equal to or greater than requested assistance due to COVID-19. Funds may **not be** used for major equipment purchases, purchase of real property, construction activities, business expansion, or lobbying.

Description of Request	Documentation Supporting Request Attached to this Application (√)	Amount
		\$
		\$
		\$
		\$
		\$
TOTAL REQUESTED AMOUNT		\$

All expenditures must be reasonable, allowable and necessary for the type of business requesting the funding. If you have questions, please email business@amesburyma.gov. The City reserves the right to request additional materials to support your request. A grant agreement with the City must be executed before business costs are incurred.



Cities of Amesbury and Newburyport Income Form

The owner should complete this form indicating all related persons residing within their household. If a business has more than one business owner, this form should be filled out for each person. Information provided on this form is kept confidential.

1. Participant Status:

Business Owner's Name (Primary Contact): _____

Address: _____ City, State, Zip Code: _____

2. Ethnicity (please select only one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

3. Race (please select only one):

- ☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander

4. Household Income:

In the chart below:

- 1) **Indicate Household Size** by circling the number of members living in your family. Family is defined as any members of a household living under the same roof that are related by blood, marriage or adoption.
- 2) **Choose the Family Income** by circling the corresponding income level (FY20-21 Median Family Income).

NOTE: Documentation of Family Income is based on your 2019 Federal Income Tax Return.

Household Size	0% - 30%	31% - 50%	51% - 80%	81% and above
1	\$0 - \$28,200	\$28,200 - \$47,000	\$47,001 - \$70,750	\$70,751+
2	\$0 - \$32,200	\$32,200 - \$53,700	\$53,701 - \$80,850	\$88,851+
3	\$0 - \$36,250	\$36,251 - \$60,400	\$60,401 - \$90,950	\$90,951+
4	\$0 - \$40,250	\$40,251 - \$67,100	\$67,101 - \$101,050	\$101,051+
5	\$0 - \$43,500	\$43,501 - \$72,500	\$72,501 - \$109,150	\$109,151+
6	\$0 - \$46,700	\$46,701 - \$77,850	\$77,851 - \$117,250	\$117,251+
7	\$0 - \$49,950	\$49,951 - \$83,250	\$83,251 - \$125,350	\$125,351+
8	\$0 - \$53,150	\$53,151 - \$88,600	\$88,601 - \$133,400	\$133,401+



SIGNATURE PAGE

By submitting and signing this application, you represent and certify to the best of your knowledge and belief that the information you have provided and the attachments hereto are true and complete and accurately characterizes your business and describes your funding needs. You agree to promptly inform the Cities of Amesbury and Newburyport of any changes which may occur after submission.

Business Owner Signature

Printed Name of Business Owner

Date

Business Owner Signature

Printed Name of Business Owner

Date

For Administrative Purposes Only

Date Received:

Received by: